

PART B - FEE(S) TRANSMITTAL

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1788: 7390 09/27/2003

MEDTRONIC, INC.
710 MEDTRONIC PARK
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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/693,763	10/24/2003	Paul J. DeGesa	P-8337.00	2173

TITLE OF INVENTION: SLOW RISE DEFIBRILLATION WAVEFORMS TO MINIMIZE STORED ENERGY FOR A PULSE MODULATED CIRCUIT AND MAXIMIZE CHARGE TRANSFER TO MYOCARDIAL MEMBRANE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE INC.	PUBLICATION FEE INC.	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$366	\$0	\$1766	10/27/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON, SREVON ELIZABETH	3766	607-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.38(a))

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEDTRONIC, INC.

(B) RESIDENCE, (CITY and STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private/group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above)

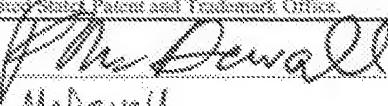
A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2786. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Typed or printed name **Paul H. McDowell**

Date **23 Oct. 05**

Registration No. **31,873**

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